# Ask for your records and lens parameters

For a second opinion, a move to a new fitter, or when your fitter retires or leaves. With your lens parameters and fitting history, the next fitter can start from what has already been tried.

**Who fills it in:** you, the patient (or a parent or carer). Send it to the practice's front desk or records team.

## How to use it

- Type into the boxes in a PDF reader (Adobe Acrobat Reader, Preview on a Mac, your phone's Files app, or your browser), then save or print. Or print it and write in pen.
- Leave blank anything you don't know yet. Cross out or delete anything that doesn't fit your situation, and add what's missing.
- **The letter starts on page 2.** Print only the pages you need.
- Using your records for a second opinion: sclerallensguide.com/finding-care/how-to-get-a-second-opinion-on-scleral-lenses/

## Good to know (US)

- You don't need to give a reason, and asking doesn't mean you're leaving the practice.
- A practice covered by HIPAA generally has to act on your request within 30 days.
- If your records are kept electronically and you ask for an electronic copy, the practice must provide one if it can readily produce it.
- To have a copy sent straight to another doctor, your request must be in writing and signed, and must say who should get it and where to send it. **Sign the letter on page 2 if you tick that box.**
- A practice may charge only a reasonable, cost-based fee for copies.
- The rules, with sources: sclerallensguide.com/insurance/letter-builder/

**Your name**

**Date**

**Your address, phone and email**

**To: records team at (practice)**

**Your date of birth**

## Re: Request for copies of my records and lens parameters

Hello,

**I am a patient of (doctor)**

**Dates of care the records cover** (blank = whole record)

Under the HIPAA Privacy Rule (45 CFR 164.524), I am asking for copies of the following from my record:

- [ ] My scleral or contact lens parameters for each eye: lens design and laboratory, diameter, base curve or sagittal depth, landing zone details, power, material and any coating
- [ ] Each lens ordered during my fitting, and what was changed each time
- [ ] Fitting notes, including clearance measurements and over-refraction
- [ ] Corneal maps, tomography and OCT images or reports, with dates and the device used
- [ ] My diagnosis, any surgery or procedure reports, and recent exam findings
- [ ] My contact lens prescription, if my fitting has been completed

**Anything else:**

Please send the copies (for example: by email, through the patient portal, or by mail):

- [ ] Please also send a copy directly to the doctor below. (This request must be signed.)

Doctor’s name, practice, and address or secure fax:

If there is a fee for the copies, please tell me the amount before you prepare them. Thank you for your help.

Sincerely,

Signature

Your name